

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF OHIO  
EASTERN DIVISION**

In re:

Raymond Joseph Gagliardi, and  
Dalia Shukri

Debtors.

Case No. 16-51636

Chapter 13

Judge John E. Hoffman, Jr.

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**DEBTORS' AMENDMENT TO SCHEDULE E/F AND CREDITOR MATRIX**

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Debtors, through counsel, now amend Schedule E/F and the Creditor Mailing Matrix reflect additional creditor name(s) and address(es) for debt incurred by Debtor(s) prior to the filing of the order for relief in the above-captioned case. The additional creditor(s) to be added are as follows:

**Accelerated Rehab Centers  
625 Enterprise Drive  
Oak Brook, IL 60523**

**Additional Notice: DSG Collect  
2250 E. Devon Avenue, Suite 352  
Des Plaines, IL 60018**

The amended Schedule E/F is attached hereto to set forth full creditor names, addresses, and amounts owed.

Debtors further request that the Creditor Mailing Matrix be updated with the above names and addresses to provide notice to the added creditor(s) set forth above.

Date: May 17, 2017

Respectfully submitted,

/s/ Laura M. Nesbitt  
Laura M. Nesbitt (0082629)  
The Nesbitt Law Firm, LLC  
5400 Frantz Rd., Suite 210  
Dublin, OH 43016  
(614) 800-0262 (phone)

(614) 808-1627 (fax)  
*laura@nesbittfirm.com*  
*Counsel for Debtor(s)*

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**CERTIFICATE OF SERVICE**

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I hereby certify that a copy of the foregoing Debtors' Amendment To Schedule E/F And Creditor Matrix was served (i) electronically on the date of filing through the court's ECF System on all ECF participants registered in this case at the email address registered with the court and (ii) by ordinary U.S. Mail on May 17, 2017 addressed to:

Accelerated Rehab Centers  
625 Enterprise Drive  
Oak Brook, IL 60523

DSG Collect  
2250 E. Devon Ave., Ste. 352  
Des Plaines, IL 60018-4521

Raymond Joseph Gagliardi  
Dalia Shukri  
7595 Skarlocken Green  
New Albany, OH 43054-6010

/s/ Laura M. Nesbitt  
Laura M. Nesbitt (0082629)  
*Counsel for Debtor(s)*

**Fill in this information to identify your case:**

Debtor 1 Raymond Joseph Gagliardi  
First Name Middle Name Last Name

Debtor 2 Dalia Shukri Gagliardi  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:16-bk-51636  
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Priority amount   | Nonpriority amount |               |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|---------------|
| 2.1 | <b>Internal Revenue Service</b><br>Priority Creditor's Name<br><b>PO Box 7346</b><br><b>Philadelphia, PA 19101-7346</b><br>Number Street City State Zip Code<br><br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number _____<br><br>When was the debt incurred? _____<br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of PRIORITY unsecured claim:</b><br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____ | <b>\$5,000.00</b> | <b>\$5,000.00</b>  | <b>\$0.00</b> |

**2014 - 1040**

Debtor 1 **Raymond Joseph Gagliardi**  
Debtor 2 **Dalia Shukri Gagliardi**

Case number (if know) **2:16-bk-51636**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2.2                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Ohio Dept. of Taxation</b><br>Priority Creditor's Name<br><b>Attn: Bankruptcy Division</b><br><b>PO Box 530</b><br><b>Columbus, OH 43266-0030</b><br>Number Street City State Zip Code | Last 4 digits of account number _____ <b>\$20,000.00</b> <b>\$20,000.00</b> <b>\$0.00</b><br><br>When was the debt incurred? _____<br><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of PRIORITY unsecured claim:</b><br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____<br><b>Sales Tax</b> |  |
| Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2.3                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>RITA</b><br>Priority Creditor's Name<br><b>PO Box 47790</b><br><b>Broadview Heights, OH</b><br><b>44147-7900</b><br>Number Street City State Zip Code | Last 4 digits of account number _____ <b>\$5,341.86</b> <b>\$5,341.86</b> <b>\$0.00</b><br><br>When was the debt incurred? _____<br><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of PRIORITY unsecured claim:</b><br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____ |  |
| Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

**Total claim**

Debtor 1 **Raymond Joseph Gagliardi**  
Debtor 2 **Dalia Shukri Gagliardi**

Case number (if know) **2:16-bk-51636**

4.1

**Accelerated Rehabilitation Centers**

Nonpriority Creditor's Name

**625 Enterprise Drive  
Oak Brook, IL 60523**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$135.62**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

4.2

**Cardmember Services**

Nonpriority Creditor's Name

**PPO Box 94014  
Palatine, IL 60094-4014**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**3807**

**\$2,418.13**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card Purchases**

4.3

**Cardmember Services**

Nonpriority Creditor's Name

**PPO Box 94014  
Palatine, IL 60094-4014**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**2320**

**\$6,700.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business Debt**

Debtor 1 **Raymond Joseph Gagliardi**  
Debtor 2 **Dalia Shukri Gagliardi**

Case number (if know) **2:16-bk-51636**

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.4 | <b>CSL Acquisitions, Ltd.</b><br>Nonpriority Creditor's Name<br><b>34 South Third Street</b><br><b>Columbus, OH 43215</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number _____<br><b>\$240,000.00</b><br><br><b>When was the debt incurred?</b> _____<br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Landlord, for Business Property</b></u> |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.5 | <b>DirecTV</b><br>Nonpriority Creditor's Name<br><b>PO Box 60036</b><br><b>Los Angeles, CA 90060-0036</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u><b>3111</b></u><br><b>\$384.55</b><br><br><b>When was the debt incurred?</b> _____<br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Business Debt</b></u> |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.6 | <b>Immediate Health Associates</b><br>Nonpriority Creditor's Name<br><b>PO Box 771847</b><br><b>Detroit, MI 48277-1847</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u><b>5199</b></u><br><b>\$544.00</b><br><br><b>When was the debt incurred?</b> _____<br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Medical</b></u> |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Debtor 1 **Raymond Joseph Gagliardi**  
Debtor 2 **Dalia Shukri Gagliardi**

Case number (if know) **2:16-bk-51636**

4.7

**Insight Pest Solutions**

Nonpriority Creditor's Name  
**720 Lakeview Plaza Blvd.  
Unit A  
Columbus, OH 43085**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**\$117.18**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Pest Control**

4.8

**Mount Carmel Health System**

Nonpriority Creditor's Name  
**PO Box 89458  
Cleveland, OH 44101-6458**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**\$3,959.28**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**

4.9

**Nationwide Children's Hospital**

Nonpriority Creditor's Name  
**700 Children's Dr  
Columbus, OH 43205**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**\$172.96**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**

Debtor 1 **Raymond Joseph Gagliardi**  
Debtor 2 **Dalia Shukri Gagliardi**

Case number (if know) **2:16-bk-51636**

4.1  
0

**Radiology Incorporated**

Nonpriority Creditor's Name

**PO Box 371863  
Pittsburgh, PA 15250-7863**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number **7774**

**\$218.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**

4.1  
1

**Snap Fitness**

Nonpriority Creditor's Name

**c/o Rhiannon Beckendorf  
2411 Galpin Court, Suite 110  
Chanhassen, MN 55317**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number

**\$92,472.81**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Business Debt - Franchiser**

4.1  
2

**Towne Properties**

Nonpriority Creditor's Name

**PO Box 742632  
Cutler, OH 45724-2632**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number **2673**

**\$425.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Association Fee**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.



Debtor 1 **Raymond Joseph Gagliardi**  
Debtor 2 **Dalia Shukri Gagliardi**

Case number (if know) **2:16-bk-51636**

Name and Address  
**Douglas M. Mansfield**  
**Lape Mansfield Nakasian & Gibson**  
**LLC**  
**9980 Brewster Lane, Suite 150**  
**Powell, OH 43065**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**DSG Collect**  
**2250 E. Devon Avenue**  
**Suite 352**  
**Des Plaines, IL 60018-4521**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Ohio Atty. Gen. Coll. Enfor.**  
**Attn: Bankruptcy Unit**  
**150 E. Gay St., 21st Floor**  
**Columbus, OH 43215**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.2** of (Check one):

☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Timothy M. Sullivan**  
**25651 Detroit Road**  
**Suite 203**  
**Westlake, OH 44145**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.2** of (Check one):

☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                          |                                                                                                             | Total Claim |                   |
|--------------------------|-------------------------------------------------------------------------------------------------------------|-------------|-------------------|
| Total claims from Part 1 | 6a. Domestic support obligations                                                                            | 6a. \$      | <u>0.00</u>       |
|                          | 6b. Taxes and certain other debts you owe the government                                                    | 6b. \$      | <u>30,341.86</u>  |
|                          | 6c. Claims for death or personal injury while you were intoxicated                                          | 6c. \$      | <u>0.00</u>       |
|                          | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. \$      | <u>0.00</u>       |
|                          | 6e. Total Priority. Add lines 6a through 6d.                                                                | 6e. \$      | <u>30,341.86</u>  |
|                          |                                                                                                             | Total Claim |                   |
| Total claims from Part 2 | 6f. Student loans                                                                                           | 6f. \$      | <u>0.00</u>       |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$      | <u>0.00</u>       |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. \$      | <u>0.00</u>       |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. \$      | <u>347,547.53</u> |
|                          | 6j. Total Nonpriority. Add lines 6f through 6i.                                                             | 6j. \$      | <u>347,547.53</u> |

**Fill in this information to identify your case:**

Debtor 1 **Raymond Joseph Gagliardi**  
First Name Middle Name Last Name

Debtor 2 **Dalia Shukri Gagliardi**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number **2:16-bk-51636**  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Raymond Joseph Gagliardi  
Raymond Joseph Gagliardi  
Signature of Debtor 1

Date May 16, 2017

X /s/ Dalia Shukri Gagliardi  
Dalia Shukri Gagliardi  
Signature of Debtor 2

Date May 16, 2017

Accelerated Rehabilitation Centers  
625 Enterprise Drive  
Oak Brook, IL 60523

Bank of America  
PO Box 31785  
Tampa, FL 33631-3785

Cardmember Services  
PPO Box 94014  
Palatine, IL 60094-4014

Chase  
PO Box 6026  
Mailcode IL1-0054  
Chicago, IL 60680-6026

CSL Acquisitions, Ltd.  
34 South Third Street  
Columbus, OH 43215

DirectTV  
PO Box 60036  
Los Angeles, CA 90060-0036

Douglas M. Mansfield  
Lape Mansfield Nakasian & Gibson LLC  
9980 Brewster Lane, Suite 150  
Powell, OH 43065

DSG Collect  
2250 E. Devon Avenue  
Suite 352  
Des Plaines, IL 60018-4521

Immediate Health Associates  
PO Box 771847  
Detroit, MI 48277-1847

Insight Pest Solutions  
720 Lakeview Plaza Blvd.  
Unit A  
Columbus, OH 43085

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

Mount Carmel Health System  
PO Box 89458  
Cleveland, OH 44101-6458

Nationwide Children's Hospital  
700 Children's Dr  
Columbus, OH 43205

Ohio Atty. Gen. Coll. Enfor.  
Attn: Bankruptcy Unit  
150 E. Gay St., 21st Floor  
Columbus, OH 43215

Ohio Dept. of Taxation  
Attn: Bankruptcy Division  
PO Box 530  
Columbus, OH 43266-0030

Radiology Incorporated  
PO Box 371863  
Pittsburgh, PA 15250-7863

RITA  
PO Box 47790  
Broadview Heights, OH 44147-7900

Snap Fitness  
c/o Rhiannon Beckendorf  
2411 Galpin Court, Suite 110  
Chanhassen, MN 55317

Subaru Motors Finance  
c/o Chase  
PO Box 9001083  
Wilmore, KY 40390-1083

Timothy M. Sullivan  
25651 Detroit Road  
Suite 203  
Westlake, OH 44145

Towne Properties  
PO Box 742632  
Cutler, OH 45724-2632